MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 r death hours after death 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE by the f Pages 1 urs after MARYLAND Kent MARYLAND KENT c. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town ve carbon papers. Pag event, within 72 hours 2 days vears filled in I CHESTERTOWN Chestertown B. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Kent & Queen Anne's Hospital NO X YES 208 Mt. Vernon K completely i executed within 3. NAME OF DATE Day Middle OF DEATH DECEASED AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. (Type or print) Elizabeth MMN 5. SEX 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED remove and Female White WIDOWED DIVORCED [8-13-1900 = 1Da, USUAL OCCUPATION (Give kind of work done | 1Db, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT unsicient please COUNTRY? during most of working life, even if retired) 8 Housewife Pennsylvania II.S death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending Oliver Scandrol (D) Elizabeth McNicke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the attend it permit. 16. SOCIAL SECURITY NO. (Yes, no. or unknwn) (If yes nive war or dates of service) signed by the att purial-transit permit burial, cremation, c No None HospitalXXXXXXXX INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and 46 PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: mouak IMMEDIATE CAUSE (a) s been state the burial. DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating as th r this certificate has b detached for use as the Dept. of Health prior underlying cause last (0) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES [DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of Item 18.) 2Da, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) Hour a.m. While Not While FUNERAL DIRECTOR: After irector, page 3 should be chould be filed with the State be retained by at work at work , 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 1966__ to___ 2-3 19 66, and that death occurred at 4 4 M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED SIGNATURE 228. STAFF PHYS. page DIRECTOR Page 4 may t 22d. ADDRESS 22c. PHYSTCIAN'S NAME (Type) director, p ROBERT W. FARR CHESTERTOWN, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town or county) BURIAL, CREMATION, 23b. 2 Pittsburgh, Pa. /66 Jefferson Memorial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** Chestertown, Md. VR A15 (4) 15M 4-64

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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicien and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after centh. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF	HEALTH
DIVISION OF STATIS	TICAL RESEARCH AND RECORDS, 301 W. PRESTO	N STREET, BALTIMORE 1, MARYLAND
02414	CERTIFICATE OF DEATH	09971

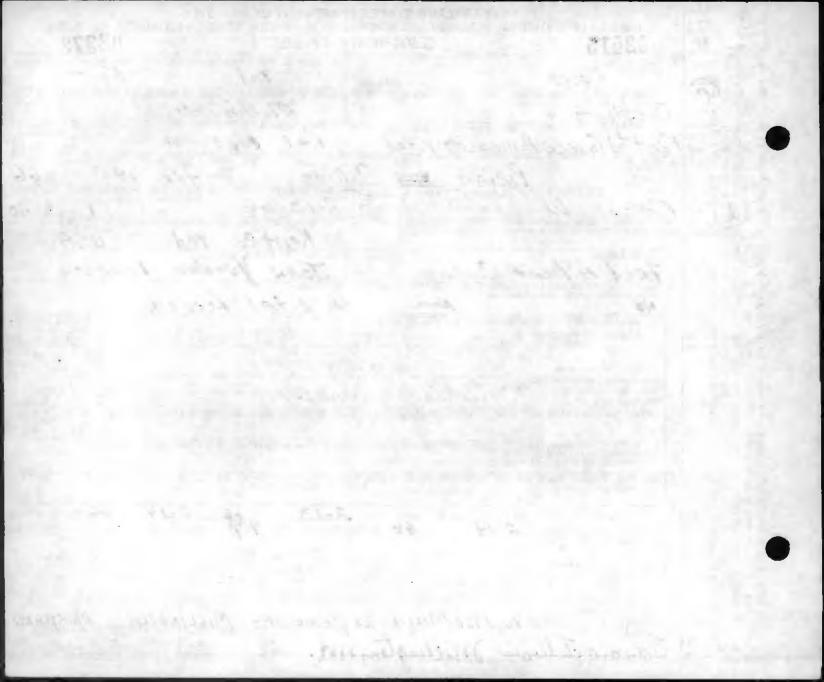
08313		423.6
1. PLACE DF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	sidence before admission)
Kent MARYLAND		enT.
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Chester town	Chestertown 14-	1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Kent & Queen Aune's	P.O. Boy 82	ON A FARM? YES NO
3. NAME OF BECEASED (Type or print) Rebecca Marie	OLEMAN DEATH STEED	Day Year / 19 6 6
	8. OATE OF BIRTH 9. AGE (In years IF UNOER 1	YEAR IF UNDER 24 HRS.
7e widowed Divorced	2/1/66 last birthday) Months yrs.	Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
during most of working life, even if retired) INOUSTRY		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ROBERT COLEMAN	AGNES Spencer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, Bo, or unknown) (If yes give war or dates of service) no	Hospital Records	
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ANOXIA	ONSET THE PEATH
7625 OUE TO FAULUSE TO W	VITIATE RESPIRATION AT	11
Conditions, if any, which gave rise to immediate (b)	FINT!	
cause (a), stating the OUE TO DEFAIRTING	DIKIN	
augustifus cause last:		T19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CUNUITION GIVEN IN PART 1(a)	PERFORMED?
201		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELIGIOUS ACCIDENT WAS UNDERLYING TO CAUSE OF GEATH OR CONTRIBUTING TO CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.))
	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLF factor at work p.m. 20d. INJURY OCCURRED 20e. PLF factor at work at work at work	ory, street, office bldg., etc.)	
21. I certify that (I) (I) (I) (Application of the deceased from	2-1- 1966 to 2-1, 196	6, that (I) (we) last
	at death occurred atM, from the causes and on the	
22a, SIGNATURE ///	/ 22b. DA	ATE SIGNEO
Alfulbrandren M.	O. PHYS. MEO. STAFF DIRECTOR PHYS. D 2-1	-66
22c. PHYSICIAN'S	22d. AOORESS	
NAME (Type) DR.O. S. Gulbrandsen,	Chestentown, MD	
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) 2/2/66 Chester (inty) (State)
Burial (Specify) 2/2/66 Chester C		n, Md.
24. FUNERAL DIRECTOR AGORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	S SIGNATURE
A Willis Wells Chestertown,	Md. OATE EB 4 1968 Allande	to Judge
6-161853		U

18830 \$ 71.30 Little A. Committee and a service the side of the second state of the second sta * enter the second of the second

hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are defitn. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02415 CERTIFICAT	E OF DEATH	372
1. PLACE OF DEATH a. COUNTY Kent MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Ru a. STATE a. STATE b. COUNTY	nt
b. CITY OR TOWN (If outside corporate limits, write RURAL and, give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	14-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Kent & Queen Anne's Hospital	d. STREET ADDRESS R#1 Box 325A	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle Corporation (Type or print)	1/15 A. DATE Jeh, 14	Day Year 19 66
Male W WIDOWED DIVORCED	8. DATE OF BIRTH 2-13-66 9. AGE (In years IFUNDER Months Months yrs.	Oays Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	Kent Co. md.	TIZEN OF WHAT DUNTRY? U.S.A.
FRED Albert Collins	JOAN VUONNE PEAK	250N
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	HOSPITAL RECORDS	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	etal otalectosis	INTERVAL BETWEEN ONSET AND DEATH
Conditions, If any, which (b)	emotority	11
gave rise to immediate cause (a), stating the underlying cause last. DUE TO Portical premo	ture separation of placente	1 mo?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		19. WAS AUTOPSY PERFORMED? YES NO
	CURRED. (Enter nature of Injury in Part or Part of Item 18.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL While Not While at work at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
21. I certify that the this hospital) attended the deceased from saw the deceased after on 2-14 1966, and that	at death occurred at 7. 2M, from the causes and on the	
	.D. PHYS. MED. STAFF DIRECTOR PHYS.	ATE SIGNED
22c. PHYSICIAN'S O. 5. GULBRANDSEN, M.		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BEMOVAL (Specify) 1-E13. 16, 1966 MILLINGTON	CEMETERY MILLINGTON	unty) (State) NARYLAND 'S SIGNATURE
24. BUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	Judge



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02416

CERTIFICATE OF DEATH

02373

043	-		CERTIFICA	IL OI DUAIN			(A) (D)
. PLACE OF DEAT	H			2. USUAL RESIDENCE	(Where deceased lived, if insti		efore admission)
o. COUNTY				a. STATE	b. CC	UNTY	
Ke			MARYLAND	Maryland		Kent	
b. CITY OR TOWN	N (If outside corporate lin and give nearest town)	mits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside carparate limits, write l	RURAL and give nee	orest town)
Chester				Rock Hal	1	1	4-1
	PITAL OR INSTITUTION (IF	not in haspital ai	ve street address)	d. STREET ADDRESS			e. IS RESIDEN
	Oueen Anne'			0.53.65			ON A FARA
NAME OF		First	Middle	Lost		onth I	Doy Year
(Type or print)	N N	ellie	Elizabe	th Dameron	OF DEATH Febr		16 19 60
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEA	
y ac.	o. totok ok inte				last birthday)		ys Haurs
emale	Negro	WIDOWED		2-9-20	46 yis		
D. USUAL OCCUPAT	ION (Give kind of work do		ID OF BUSINESS OR	11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN COUNTE	
yster s	ng life, even if retired) hucker	IND	DUSTRY	Virgini	a	U	S.A.
FATHER'S NAME				14. MOTHER'S MAIDEN			
		(2)				(7)	
	Davenport	(D)			uise Cook	(D)	
S. WAS DECEASED	EVER IN U.S. ARMED FORCE	S? 16. S	OCIAL SECURITY NO. 1	7. INFORMANT	Ad	dress	
No.	n) (If yes give war or date	220	-20-0680	Hospital R	lecords		
	DEATH (Enter only one					1	INTERVAL BETWE
	EATH WAS CAUSED BY:			A			ONSET AND DEAT
1 1 0	IMMEDIATE CAU	ISE (a)	Youavy	Occiur.	ion		2
42	01 0	OT 3U					0 000
Canditians, if o	ny, which gove)	(b)	/				
rise to immediate cause (a), (b)							
	stating the underlying cause						
last.	,	(c)					
PART II, OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a)		19. WAS AUTOPS PERFORMED?
20a. ACCIDENT I	12milasi	01.	Truction:	6 Ver for	alion		YES NO
	WAS UNDERLYING				n Part I ar Part II of item 1B.)		
OR CONTRIBUTI	NG CAUSE OF DEATH	200. 063	CKIDE HOTT INJURY OCCURR	rs. frinci noigia di tulatà i	or run i un run ii ui neni ib.)		
THE FITHER MOTH	IFY MEDICAL EXAMINER)						
20c. TIME OF I	NJURY Month, Day, Year	20d. IN.		PLACE OF INJURY (Hame, fa		(County)	(Sto
Haur		19 While of wark	Not While at work	factory, street, affice bldg., et	(c.)		
01 1	2,111,	OI MOIN		11.11	1966 to 2. 16	10/-/	that /1\ /
21. I ce	rrity that (1) (this f	aspirar) arrend	ed the deceased from	had alamah manusarah	ot P M, from couse	, 17 <u>9</u> 6,	, that (I) (we
	deceased alive an	(16	17 to to and I	mat death accorded t	m, from couse		
22a. SIGNATU	RE	2	/1,	ATTENDING	MED STAFF	22b. DATE S	1
	1.1	Car	In well	M.D. PHYS.	DIRECTOR PHYS.	0 2.	16.66.
22E. PHYSICIA	N'S			22d. ADDRESS			
NAME (Ty	pe) Dr. A	rthu r	T. Keefe	Chest	ertown, Maryl	and	
30. BURIAL, CREMA			23c. NAME OF CEMETERY		23d. LOCATION (City or	Town) (Cau	unty) (State
REMOVAL (Spec	21 2/1	8/1966	SHARPTON	INCEMERE	Kuch	, HAII.	140.
24. FUNERAL DIRE	CTOR,	11	ADDRESS	/ 25o. PB	D BY REGISTRAR 25b.	BEGISTRAR'S SIGNA	ATURE
200	1/2/10/10	6 Ch	estertour	In a nut	EB 21 1966	Juanley	Judge
1 um	MINU VILL	01	NO DIGELDAN	DATE .		1	11 0

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and came fiely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be state Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs after depth. O HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

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	Castoron, rate b	does it worth	130

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages L and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

UZSI CERTIFICAT	E OF DEATH 02374
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b R. F. With RURA and give nearest town) Lifetime	R.F.D. Worton, Maryland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS (e. IS RESIDENCE
At Home	ON A FARM? YES NOT
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Ammi e	owning DEATH 2 / 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
1Da, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Labor Various 13. FATHER'S NAME	Kent County, Md. U.S.A.
Ed GAR BAR ROIL	un K.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address R.F.D.
No 219-30-8565	Russell Phillips Worton, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Cardio - Vaseu	eler i would be even -
Conditions, If any, which) (b) Pleasurette	heart Spears
gave rise to immediate (cause (a), stating the DUE TD	
underlying cause last. (c)	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCC B CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCC DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)
ZDC. TIME OF INJURY Month, Day, Year 20d, INJURY DCCURRED 20e, PL	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) 2Df. (City or town) (County) (State)
21. 1 certify that (I) (this hospital) attended the deceased from_	10-10-, 1965 to 1-23-, 1966, that (1) (we) last
	at death occurred at 7 PM, from the causes and on the date stated above.
22a. SIGNATURE	D. ATTENDING MED. STAFF 22b. DATE SIGNED 2-9-66.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Rudolfs Eglitis M.D.	Rock Hall, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
Burial (Specify) 2/12/1966 Saint Geor	ge Cem. R.F.D. Worton, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Xound Walley (Chestertown M.	d. DAFEEB 1 1 1966 Peliarles Judge

Chestertown . Md .

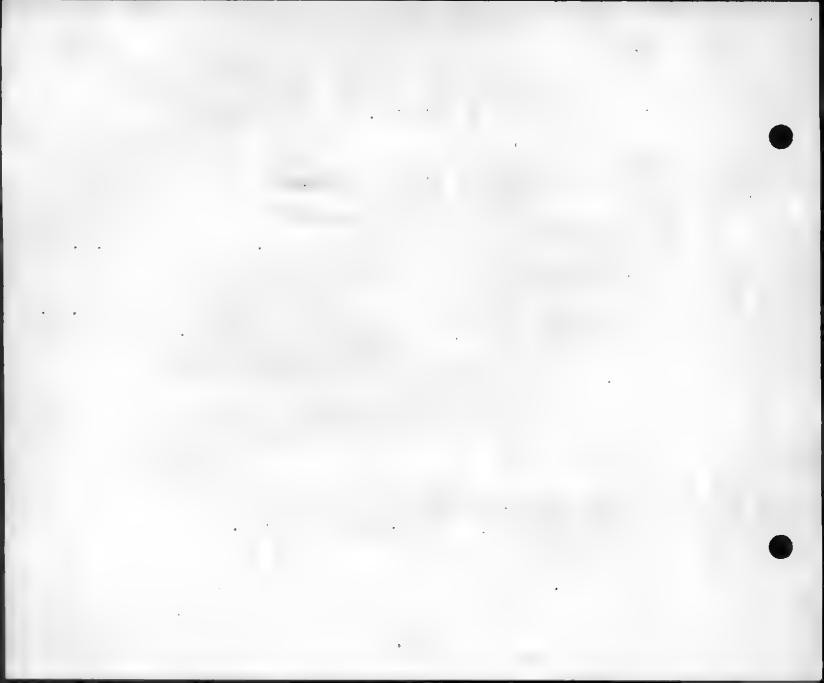
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MARYLAND	STATE	DEPARTMENT	OF HEALTH

	MARYLAND STATE DEPARTMENT OF HEA	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STR	REET, BALTIMORE 1, MARYLANI
02413	CERTIFICATE OF DEATH	0237

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. county Kent	a. STATE b. COUNTY
MARYLAND	Maryland Kent c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. CITY OR TOWN (II outside corporate limits, write KOKAL and give nearest town)
Chestertown 71/2 hrs.	Chestertown / / d. is residence
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
Kent & Queen Anne's Hospital	131 Oueen Street YES NO
3. NAME OF First Middle DECEASED	HESSION 4. DATE Month Day Year
(Type or print) First Baby Boy of Triplets	DEATH 2 12 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED	2/12/1966 yrs. 7 21
10a, USUAL OCCUPATION (Glye kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Infant	Kent Co., Maryland U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick Calvert Hession	Mary Lee Walbert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unkown) [(If yes give war or dates of service)]	INFORMANT Address
No None	Hospital Records Chestertown, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	espiratory tailure unser and bearing
DUE TO	D-2 (1# 0/-)
Conditions, if any, which (b)	remotority + 1 -023)
gave rise to immediate (
cause (a), stating the DUE TO underlying cause last.	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
PATI	PERFORMED?
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Pert I or Part II of Item 18.)
留 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
S sal	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While p.m. / 19 at work at work	ory, street, office bldg., etc.)
	2/12 19 66 to 2/12 19 66 that (i) (we) jact
saw the deceased alive on 2/12 19 66, and that	2/12 , 19 66, to 2/12 , 19 66 that (I) (we) last t death occurred at 50A M, from the causes and on the date stated above.
228. SIGNATURE	22b. DATE SIGNED
Chilbrandsen M.	D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIPHYS. D 2-13-66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (7999) Dr. Oskar Gulbrandsen	Chestertown, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 2/13/66 Wesley Cha	
24 FUNERAL DIRECTOR ADDRESS	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Chestertown, I	Md. DATEB 15 1968 Acharles Judge



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. femeral death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by-the director, page 3 should be detached for use as the burial-transit permit. Then please remove carb in papers. Pages I should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any wents fithin 72 hours effect.

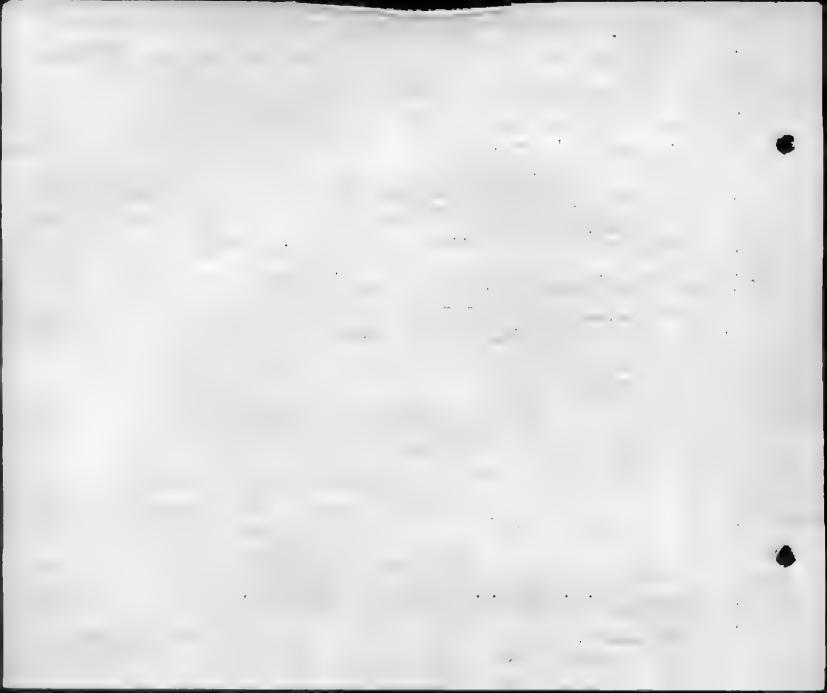
	MARYLAND STATE DE	PARTMENT OF	HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS	, 301 W. PRESTON	I STREET, BALTIMORE	1, MARYLAND
	OF DELETO A TE	E OF BEATH		

	92419	CERTIFICAT	E OF DEATH	1		-02376
1.	PLACE OF DEATH e. COUNTY	The state of the s		CE (Where deceased		Residence before admission)
	44	Managastra	a. STATE	1	b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits,	MARYLAND I c. LENGTH OF STAY IN 1b	Maryla c city or town (if	[]Cl	Kent Kent	L and give nearest town)
	write RURAL end give nearest town)	1	or other on rount (in	Catalao voi por a to	Allianded and a second	,
_	Chestertown	Hrs.	Cheste	rtown		e. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS			ON A FARM?
	Kent & Queen Anne's Hos	enital	131 00	een Stree	+	YES NO Z
3.	NAME OF First	Middle	Last	4. DATE	Month	Day Year
	DECEASED 21d C	or To -lote	11 *	OF DEATH	0	12 19 66
5.	000		Hession 8. OATE OF BIRTH		(In years IF UNDER	R 1 YEAR IF UNDER 24 HRS.
	MALE	THEY WANKIED IN		last	birthday) Months	
	- WIDOWED		2/12/1966		yrs.	15 40
10: du		IND OF BUSINESS OR	11. BIRTHPLACE (C	county & State, or for	eign country) 12. (CITIZEN OF WHAT
	Infant	10001111	Kent C	o. Marvl	and	U.S.
13	FATHER'S NAME		Kent C	DEN NAME		
				142 2 1		
15	Patrick Calvert Hessian . WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT L	<u>ee Walber</u>	Address	
Ŕ	(If yes give war or dates of service)	JOURE SECONTITUO: 17.	III ORIDANI		200 00 000	
_	No	None	Hospital Re	cords	Chester	ctown, Md.
	18. CAUSE DF DEATH [Enter only one cause per l	ine for (a), (b), and (c).]	marks S.	1		INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		LESDIVA	torytan	ure	0.1021 1.110 - 1.7777
			5	/ 4	1.413	\
	Conditions, if any, which)		Hem	cturity	(1= 649	}
	gave rise to immediate				0.	
	cause (a), stating the OUE TO					
Z	underlying cause last. (c).	ITINA TO DE L'ELL DUTINATORI	TEO YOU THE PERMIT	DISCLOSIONINITIO	HOLVER IN DADY 1/0	19. WAS AUTOPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JIING TO DEATH BUT NOT KELF	ATEO TO THE TERMINAL	DISEASE CONDITIO	NGIVEN IN FART 1(4	PERFORMED?
5						YES NO
ΙË	20a. ACCIDENT WAS UNDERLYING (1) 20b. OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OESCRIBE HOW INJURY OCCI	URREO. (Enter nature o	f Injury In Port I o	r Part II of Item 1	8.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
₹		NJURY OCCURRED 2De. PLA	ACE OF INJURY (Home, f	arm, 20f. (City	or town) (Co	ounty) (State)
MEDIDAL	Hour a.m. While	- Not while -	ory, street, office bldg., (etc.)		
🚆	p.m. 19 at wor		A 10			
П	21. I certify that (1) This hospital) attend	ed the deceased from	2-12,1	19.65, to	2-12-19	65 that (1) (we) last
П	saw the deceased alife on 2-	12 19 66, and tha	t death occurred at	M, from th	e causes and on	the date stated above.
П	220. SIGNATURE	111	ATTENDING	MED. S		DATE SIGNED
	1 Juli can	M.I	D. PHYS.	OIRECTOR P	HŶS. 🔲 📈	- 13 - 66
	22c, PHYSICIAN'S		22d. ADDRESS			
	NAME (Type) Dr. Oskar Gulb:	randsen	Cheste	rtown Ma	rvland	
23	BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATIO	ON (City, town or co	ounty) (State)
	Burial 2/13/66	Wesley (Chapel Cem	Rock	Hall, N	1d.
21	FUNERAL DIRECTOR	ADDRESS		C'D BY REGISTRAR	25b. REGISTRAL	R'S SIGNATURE
1		hestertown,		B 1 5 1968	F-1278 F	en Judge
_	J. Volume VIII	IICS CCI COMII,	DATE	T 0 1000	1 /	0_0_

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH a. COUNTY County	112377 tion: Residence before admission)
a. COUNTY Kent Marylano b. CITY OR TOWN (if outside corporate limits, write R USA) Chestertown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Last Last Last Last Last A. DATE Month	RURAL end give nearest town) / 4 - / e. IS RESIDENCE ON A FARM? YES NO E
b. CITY OR TOWN (if outside corporate limits, write R write RURAL and give nearest town) Chestertown d. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address) Kent & Queen Anne's Hospital 3. NAME OF Last 14. DATE Month	RURAL end give nearest town) / 4 - / e. Is residence On a Farm? YES NO
Chestertown d. NAME OF ROSPITAL OR INSTITUTION (If not in hospital, give street address) Kent & Queen Anne's Hospital 3. NAME OF Last 4. DATE Month	/ 4 - / 0. IS RESIDENCE ON A FARM? YES
Kent & Queen Anne's Hospital 131 Queen Street 3. NAME OF Last 14. DATE Month	YES NO NO
3. NAME OF A First Middle Last 4. DATE Month	
BELLEVED THE	
The armiest of the first of African African Communication (Communication Communication	12 19 66
5. SEX 6. COLOR OR RAFE T MARDING TO MOUTH MADDING TO BIRTH 9. AGE (in years FU)	JNOER 1 YEAR IF UNDER 24 HRS.
Marked Marked Marked 2/12/1966 lest birthday) Mor	inths Days Hours Min.
	12. CITIZEN OF WHAT COUNTRY?
Infant Kent Co., Maryland	U.S.
13. FATHER'S NAME	
Patrick Calvert Hossion Mary Lee Walbert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unknown) (Ifyes give war or dates of service)	1
No None Hospital Records Chest	tertown Md
PART I. DEATH WAS CAUSED BY: JIMMEDIATE CAUSE (6) RESOURCE OF TOUR PART I. DEATH WAS CAUSED BY: JEMMEDIATE CAUSE (6)	ONSET AND OEATH
7735 MMEDIATE CAUSE (6) OUE TO Description:)
Conditions, if any, which \ (b)	/
gave rise to Immediate cause (a), stating the OUE TO	
underlying cause last.) (c)	RT 1(e) 119. WAS AUTOPSY
S PART II, OTHER SIGNIFICANT CONDITIONS GOTT REDUTING TO GEATH DOT NOT RELATED TO THE TEXAMINAL OISEASE CONDITIONS OF THE TEXAMINAL OISEAS	PERFORMEO?
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Ite	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCURRED. (Enter nature of injury in Part I or Part II of Ite OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While at work at work at work at work	(County) (State)
211 Control trial application accounts and application and app	19 66, that (I) (we) last
228. SIGNATURE	2b. DATE SIGNEO
M.D. PATS. PATS.	2-13-66
22c. PHYSICIANS NAME (Type)	
Dr. Oskar Gulbrandsen Chestertown, Maryland 238. BURIAL CREMATION, 23b. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY , 23d. LOCATION (City, town	or county) (State)
REMOVAL (Specify) 2/12/66 Hogley Changle Com Pools Holl	Md.
24 FUNERAL DIRECTOR AOORESS 25a. REC'O BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE
Chestertown, Md. OATEEB 15 1968 felle	arley Judge



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY **b.** COUNTY Kent Kent MARYLAND 12° c CITY OR TOWN (If oulside corporete limits, write RURAL end give nearest town) b, CITY OR TOWN (if outside corporete limits, E LENGTH OF STAY IN 16 pue write RURAL and give nearest town) ģ 91 days Chestertown Chestertown 2 Pages filled hours aft d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Kent & Queen Anne's Hospital YES NO 121 High St. completely 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) DEATH 18 19 66 Marietta (None) Loud AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K DATE OF BIRTH last birthdey] Hours Months Devs 10/10/84 Female White WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! 10b KIND OF BUSINESS OR INDUSTRY B RTHPLACE (County & Stelle, or foreign country) done during most of working tife, even if retired) Kent Co., Maryland USA Teaching School teacher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cordroy Loud Annie Groves 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Hospital Records 215-36-1603 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN physician. ONSET AND DEATH been signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate couse **DUE TO** (a), steting the underlying cause fast. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in ury in Pert I or Pert II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH , 20s. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (State) 20d, INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work D. m. DIRECTOR: 19.66, and that death occurred at 9:15 mirrom the causes and on the date stated above. saw the deceased alive on..... DATE 220. SIGNATURE SIGNED MED DIRECTOR PHYS, eath. Page & 22c. PHYSICIAN'S 22d. ADDRESS HOSPIT NAME (Type) C. Dick. M.D. Chestertown, Maryland director, 1 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) Chestertown, Md. Chester Cem. Buria 25s. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 [4] Chestertown, 15M 7-62



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if sustitution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY Martland ь. county Kent Kent MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 15 b. CITY OR TOWN (if outside corporate limits, Charles BURAL and Dive neerest town) Galena 18 hours rural . IS RESIDENCE d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Ke nt & Queen Annes TO NO DATE 3. NAME OF Middle Lest DECEASED Feb 19 66 Harold Lucas DEATH (Type or print) 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH 5. SEX last bigthday) Months April 11,(1918? Male colored WIDOWED [DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY : 11 BIRTHPLACE County & Stete, or foreign country) done during most of working life, even if retired. USA Farm Virgin i a 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Beat rice Davis Jeff Lucas 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknwn) | [Ifyas give war or detes of service] Hospital records INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e., (b., end (c).] QINSET AND DEATH Pulmonary infarction and/or bronchopneumonia PART I. DEATH WAS CAUSED BY: days IMMEDIATE CAUSE (e) Cardiac decom pensation DUE TO Probable arteriosclerotic cardiovascular disease Conditions, if ony, which with tremendous cardiac dil ation unknown geve rise to immediate cause (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO A 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Port II of item 18) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, larm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. of work et work p.m. 19.55 that (I) (we) last to. 21. I certify that (I) (this hospital) attended the deceased from. M. from the causes and on the date stated above saw the deceased alive on DATE 22a. SIGNATURE SIGNED STAFF MED. PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S Chestertown. Md. NAME (Type) 123c. NAME OF CEMETERY OR CREMATORY 1.23d. LOCATION (City, fown or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Md. Kent Co: Feb. 12, 1966 Golts. Bethel A.M.E.Cemetery Burial 25 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24-#UNERAL DIRECTOR'S SIGNATURE VR A1S (4) 15M 7 62

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DIRECTOR

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тау 0 HOSPITAL O FUNERAL

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, 1f Institution: Residence before admission) b. COUNTY Maryland Kent MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Chostertoym c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 4 months Chastertown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 231 Kent Circle 231 Kent Circle NAME OF DATE DECEASED Frances How rd DF MC Ginnes Feb. (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months I WIDOWED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY housewife Chastertown, Kant, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Howard Mary Jane Mc Kevitt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT (Yes mo, or unkown) (If yes give war or dates of service) 184-22-0609 udg r A. Mc Ginnes, 231 Kent Circle 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] Cerebral thrombosis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive arterio sclerotic cardio-vascular menal desease DUE TO Conditions, If any, which

(b)

DUF TO

23b. DATE THEREOF

eb.7,1966

gave rise to immediate

BURIAL, CREMATION,

REMOVAL (Specify)

(a), stating

Kent

Days

12. CITIZEN OF WHAT

COUNTRY?

U.S.A.

to

23d. LOCATION (City, town or county)

25b. REGISTRAR'S SIGNATURE meles

Cientertown,

25a. REC'D BY REGISTRAR

8. IS RESIDENCE

YES

Hours

INTERVAL BETWEEN ONSET AND DEATH

days

10 yrs

(State)

ON A FARM?

Year

NO -

underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO D YES | 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. Nov. 65 Feb. 1006 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2 saw the deceased alive on Feb. 66 Am, from the causes and on the date stated above. 2/5/66 DATE SIGNED 22a. SIGNATURA MED. DIRECTOR STAFF M.D. PHYS. PHYSICIAN' 22d. ADDRESS NAME (Type) W. Farr, M. Robert Chestertown. Md.

23c. NAME OF CEMETERY OR CREMATORY

Chester Cemetery

Williams, Chestertown, Md.

VR A15 (4) 20M 1/65

	1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE)	02424 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02381
HEALT	H DEPT.	1.	PLACE DF DEATH 2. USUAL RESIDENCE (Where deseased lived, If Institution: Residence before admission) 8. COUNTY 9. STATE 1. D. COUNTY 1. D
	150		MARYLAND B. STATE Maryland b. COUNTY Queen ande.
ssary mera ay by	## / /		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
he fu	Departation of the control of the co	_	d. NAME OF HÖSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 0. IS RESIDENCE
lay is necessary. 3 to the funeral Page 5 may be	_ / m ← /		Kent + Que are How English Rooms
delay ind 3	State hours	3.	NAME OF First Middle Last 4. DATE Month Day Year
any dela 2, and PM3.	the 172		OFFICEASED (Type or print) Carolyn alice McKinney DEATH February 77 1966
Mary Indian	THE STATE OF THE S	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years if UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
april CIQ "	SET)	108	WIDOWED DIVORCED CLUG 22, 1965 yrs. 5 26 3. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11! BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
24 hours after dea n Item 18. Give Pa Office along with	6 2	dur	ing most of working life, even if retired) INDUSTRY COUNTRY?
rs af 18. I	pages in any	13.	FATHER'S NAME
1 hours a Item 18. ffice alon	File parameter and in	L	Cliffon McKinny Lunda Lea Emary
n 24 in ii s Offi			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address Syrice) Linda Lee We Kinney Budlerswill hid.
uted within 24 "in pencil in Examiner's Oi	permit. removal	-	18 CAUSE OF REATH LEnter only one cause per line for (a) (b) and (c) 3
ted y in p	sit p		PART I. DEATH WAS CAUSED BY: Prabable septicemice with fibiles otile midi (- 1 1/4)
executed iding" in lical Exap	cremation, or		3 912 DUE TO
be Med	urial		Gonditions, if any, which are to immediate (b)
ould ief	i a b		cause (a), stating the DUE TO underlying cause last. (c)
certificate should be execu iting the word "pending" Jed to the Chief Medical I	used as a to burial,	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ificat the the	2	CERTIFICATION	YES NO TO SECRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)
editin	prior		20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
	3 shoul agent, p		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
CAMILER: To certificate, uld be forw	9 D	MEDICAL	p.m. 19 at work at work
EXALL e certi	crok: Page designated		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry , and in my opinio
Se S	TOR design		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
ute 4	S R S		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	유 글을 그		DEPUTY MEDICAL EXAMINER
DEFILITY please ex director.	tained f	238	NAME (Type) 1019 CRT (V) TARIX Address (Street, city, town, or county) Currently
TO Di	retaine FO FUNE of Hea	2.50	BURIAL SPECIFY FEB. 18 BUSIC NEAR BARCLAY MID
	0.	24	ADDRESS ADDRESS PEGISTRAR 250. REGISTRAR'S SIGNATURE
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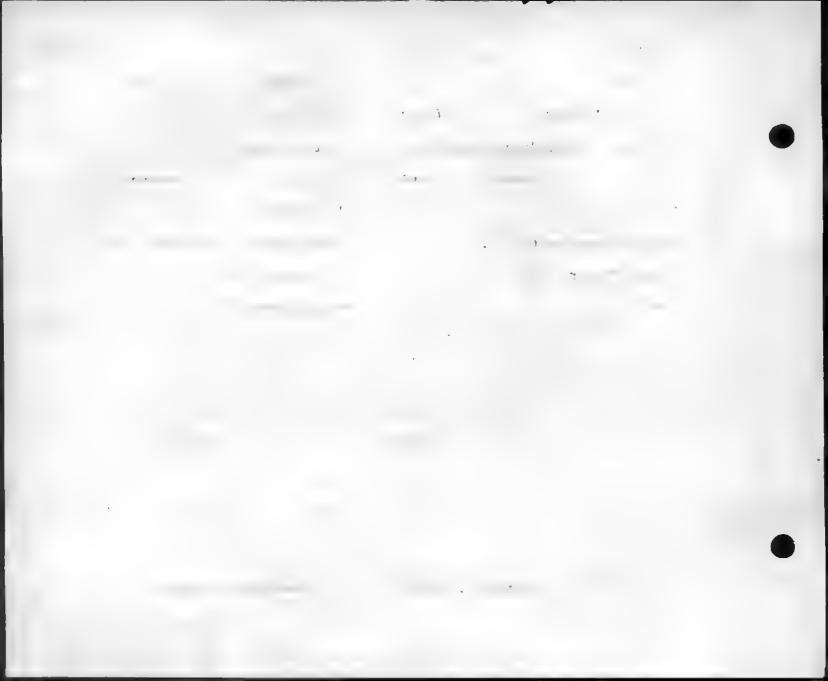


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND () 2425 CERTIFICATE OF DEATH CERTIFICATE OF DEATH funeral and 2 24 hours after death. and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY filled in by the fu KENT ve carbon papers. Pages 1 event, within 72 hours after MARYLAND CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) LIFE OCK ALL 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES 🗮 NO L executed within completely 3. NAME OF First Middle DATE Month Day / Last 4. DECEASED 8 LER 1966 (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS remove 7. MARRIED X 8. **NEVER MARRIED** last birthday) Months and any Days Hours WIDOWED DIVORGED ⊆ 10a. USUAL OCCUPATION (Give kind of work done) TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please reshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT and ir PHYSICIAN; The law requires that the death certificate be the hospital or attending physician. during most of working life, even if retired) INDUSTRY COUNTRY? MOTHER'S MAIDEN NAME 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) emorth DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating 210 Stleredis underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES . NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While TO HOSPITAL OR ATTENDING Page 4 may be retained by ATTENDING at work at work p.m. 19 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at 4. Y.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED page : ATTENDING PHYS. DIRECTOR PHYS. M.D. PHYSICIAN'S NAME (Type) 22c. **ADDRESS** director, p should be 22d. 0 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State) REMOVAL (Specify) 0 FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 25a VR A15 (4) 15M 4-64



	1	- 1	DIVISIO	IN OF STATES	STICAL RESE	EARCH AND RECORD	S, 301 W. PRESTO	N STREET, E	SALTIMORE 1,	MARYLAND		
12	=0/4/		0242	6		CERTIFICAT	E OF DEATH			0238	3	
eath	funeral and 2	M	1. PLACE DF DEA'	H			2. USUAL RESIDENC	E (Where deceased	lived, If Institution:	Residence before a	dmission)	
'O	中でも		a. CDUNTY Kent				Maryland		b. COUNTY Kent			
fte	ges 1 after d				norate Ilmits.	MARYLAND I c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporat		AL and give neare	st town)	
24 hours after death	25 5		write RURA	VN (if outside cor L and give nearest S tertown	town)	8å davs	Rock Hall				1	
pg.	_ 43 44				ISTION (If not in	hospital, give street address)				l e. IS RES	SIDENCE	
24	itely filled i	-,						4		ON A	FARM?	
	予算	7		& Queen A			Beach Roa		Month	Day Yes	NO XI	
executed within	0.72		DECEASED	1	First	Middle Mill	ex (Last	4. DATE OF				
b	Cal		(Type or print) 5. SEX	6. COLOR OR R/	Robert	Lewis	8. DATE OF BIRTH	DEATH (9. AG	February (in years IFUNDS		66 B 24 H RS	
cute	an and comp				/ W/W (C) E	NEVER MARRIED		las	t birthday) Months			
exe	8.56		Male	White	WIDOWEI		10-19-1901	6		CITIZEN OF WHA	T	
pe	physician in please wal, and in		during most of wor	king life, even if r	etired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C			COUNTRY?	•	
2	ysic lea			rom Sun (Oil Co.		Hartford	Co., Mar	yland U	J.S.A.		
lical	Par la		13. FATHER'S NA	ME			14. MOTHER'S MAIL	EN NAME				
Ŧ	attending permit. Then		Robert Mi				Elizabeth	Walker	(D)			
3	it.		15. WAS DECEASED (Yes, no, or unknown)	EVER IN U.S. ARMI	lates of service \		INFORMANT		Address			
death certificate	erm on,		No		1	63 09 6137	Hospital Rec	ords				
	signed by the attending phy burial-transit permit. Then pl burial, cremation, or removal,		18. CAUSE DE	DEATH [Enter on	ly one cause per	line for (a), (b), and (c).]				INTERVAL BE		
that the sician.	led by the		PART 1. I	EATH WAS CAUSE IMMEDIATE CA	D BY:	1ctartal.	i Care.	ve a come		7	DECIN	
s that thysician.	igned rial-tra rial, cr		DUE TO Driman Site unknown									
Se Se	Signation		Conditions, if any, which									
laga ma	5 o 5		gave rise to immediate (
andi.	has be as th prior		underlying cause last. (c)									
atte			PART II. OTHER	SIGNIFICANTOON		RUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASECONDITIO	ON GIVEN IN PART 1(a) 19. WAS A		
튜	ificate h for use Health	_	[64]							YES 🗌	NO V	
SICIAN: hospital	certificate hed for use t. of Health	0	PART II. OTHER 20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NO	WAS UNDERLYIN	G 20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I	or Part II of Item	18.)		
CIS	certi hed 1 it. of		G (IF EITHER, N	TWAS UNDERLYING CAUSE OF OTIFY MEDICAL EX	(AMINER)							
PHYS the h	海路區			INJURY Month, I		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fa ory, street, office bldg., e	rm, 20f. (City	or town) (C	County) ((State)	
元 二 二 二			20c. TIME OF Hour a		While	B 1- MOL WILLIE 1-1	ory, street, office bldg., e	tc.)				
200	After d be d State			.m.	19 at wo		11-29	9 65 to 2	-17 10	66, that (1) (tast four	
ATTENDI retained	祝る芸			eceased alive on		ded the deceased from	at death occurred at 6			the data state	avade h	
E to	55 to 15		22a. SIGNATI			allu tile	at death occurred at		22b.	DATE SIGNED	2 000101	
23	ed v	1		//	1	M.		MED.	STAFF PHYS.	2 18 6	6	
PITAL OR 4 may be		/	22c. PHYSIC	AN'S		WI.	22d. ADDRESS	DINEOTOR (1110. 4			
SPIT 4	d ting		NAME (Dr.	Arthur T	. Keefe	Chester	town, Ma	rvland			
Nospi	TO FUNERAL DIRECTOR: Af director, page 3 should I should be filed with the S		23a. BURIAL, CRE	MATION, 23b. D.	ATE THEREOF	23c. NAME OF CEMETER			ION (CIty, town or	county) (S	State)	
2	200		Burial	2/2:	2/66	Lawn Croft	Cem	Booth	wyn (Del	. Co.)	Pa.	
			24. FUNERAL DIF		^^	ADDRESS	25a. RE	'D BY REGISTRA	R 256. REGISTRA	AR'S SIGNATURE		
	A15 (4)		Heldi	(1) 10	colla	Chesertown,	Md. FEB	2 1 1966	Milare	es Judge		
15N	1 4-64		-/				Louit		- #	11-0		

MARYLAND STATE DEPARTMENT OF HEALTH



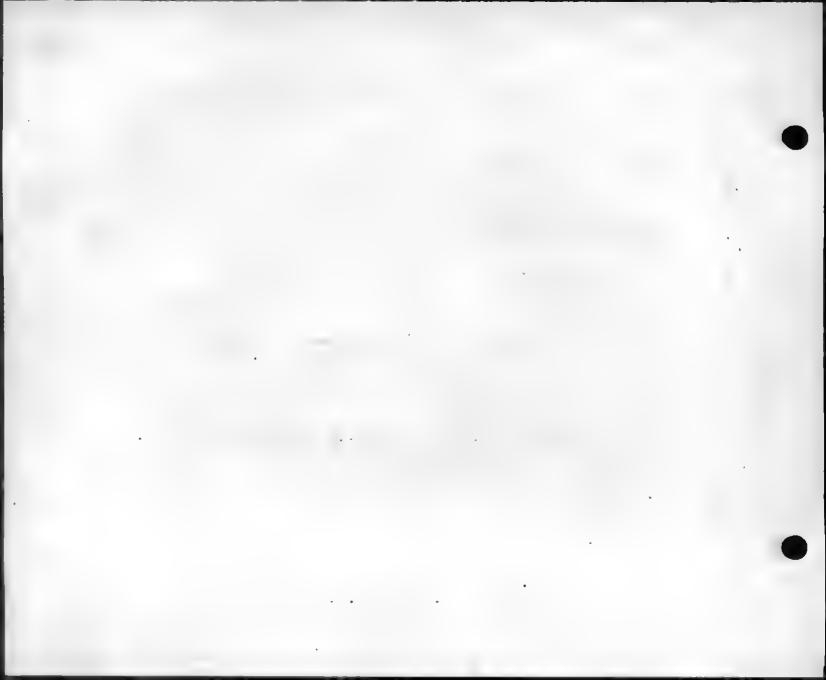
2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission) **b. COUNTY** Queen Anne's c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) . IS RESIDENCE ON A FARM? YES NO DE Year Month February 1966 AGE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days 12. CITIZEN OF WHAT COUNTRY! 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Queen Anne's Co., Maryland U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART He): 19. WAS AUTOPSY PERFORMED? YES DO NO F (County) (Stete) 1966, to2-8, 1966., that (1) (we) last ... 19.66, and that death occurred at /OFM, from the causes and on the date stated above SIGNED Chestertown, Maryland 23d. LOCATION (City, town or county) REC'D BY REGISTRAR 256. REGISTRAR'S

ARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

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1 11	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		02423 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02385
HEALTH DEPT.	1.	a COUNTY /
~ + + ·	_	Kent Maryland Queen Anne
is necessary to the funeral age 5 may be to Department to Safter death.		b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Chestertown Chestertown (rural (Lifetime)
s nece 5 m Depar	\vdash	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS
Page 5 read by 15 n 3 to the Page 5 read by 15 n 15	l k	Kent & Queen Anne Hospital (12 hours) RFD
delay is of the state of the st	3.	NAME OF First Middle Last 4. DATE Month Day Year
12 E12 E		(1996 of print) Detail Lee (Diadiota) District Design of the property of the p
ages 1, form		sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIES 8. DATE OF BIRTH 7/17/1915 9. ACE (In years FUNDER 1 YEAR FUNDER 24 HRS. Solar birthdey) Months Days Hours Min. Months Days Months
ter de Give F With 1 and 1 ever	10: du	a. USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR in the country) in the cing most of working life, even if retired) in the cing most of working life, even in t
ours affu n 18. G a along pages 1	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
24 hours 1 tem 18 Office ab File pag and In	L	John C. Smith, Sr. Bertha Barton Was necessed ever in it's apprenences: 16 Social Security No. 17 INFORMANT Address
ilin in i		es, no, or unikown) (If yes give war or dates of service) 217 36 0184 Miss Thelma Smith Riverdale, Md.
rted with pence Examine Examine is it permonent or remonent is it permonent in the contract of the contract is it is in the contract in the contract in the contract is in the contract in the		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: CAUSED BY
e executed inding" in dical Exan lateransit nation, or		PART 1. DEATH WAS CAUSED BY: Severe injury to head and brain with no evidence out to by xray of skull fracture. 12 hrs
d be exect "pending" Medical burlal-tran		Conditions, If any, which \ (b) Possible high transection of cord since he had only
D A D A D A D A D A D A D A D A D A D A		gave rise to immediate cause (e), stating the DUE maiaphragmatic breathing
e word he Chiel ed as a burial,	2	underlying couse lost.) (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART I(a) 19. WAS AUTOPSY 19. CONTRIBUTION CON
the the used to but	SATIC	Multiple fractures of right ribs.small pneumothorax rt.
or be trait	CERTIFICAT	20a. EXTERNAL CAUSE WAS 20a. LD SCRIEG HOW CAULT COUNTY OF Part 1 or Part 1 or Part 11 of Item 18.)
This ce e, writh Irwarded should ent, pri		
### m	EDICAL	20. Haur 3030. 2/10 66 White Not White factory, street, office bidg., etc.)
tiffice be ted	M	21. I certify that I took charge of the remains described above, held an Autopsy , inspection , inquiry , and in my opinion
EXAN EXAN bould lies. JR: P		death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner
CAL th th th th th th th th th th th th th		CHIEF MEDICAL EXAMINER
MEDI recute Page for yo or it		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER
ERAL		NAME (Type) Chartest Vant Co Maddress (Street, city, town, or county)
TO DEPUTY please ex director. retained f TO FUNERAL of Health	23	Burial (Specify) 2/13/66 Church Hill Cem. Church Hill, Md.
8	2	4. FUNBRAL DIRECTOR 250. REGISTRAR'S SICNATURE
YR A15ME 350D 4-64		J. Willis Wells Chestertown, Md. DATFEB 15 1965 Icharles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Maryland b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) MARYLAND lay is necessary, if 3 to the funeral Page 5 may be c. CITY OR TOWN (if outside corporate ilmits, write RURAL and give necrest town) C. LENGTH OF STAY IN 1b Church Hill 25 days Chestertown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS State Kent & Obeen Annes General and 3. 3. NAME OF First Middle 4. DATE Month DECEASED Stabbs Feb (Type or print) Grover DEATH Within Willing after death. If a 8. Give Pages 1, ong with form F AGE (in years , IF UNDER 1 YEAR HE UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthdey) | Months | 1882 White March Male WIDOWED DIVORCED [event 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) Delaware Farm Farm labore r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Record No Record No 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. certificate should be executed within 24 riting the word "pending" in pencil In ded to the Chief Medical Examiner's O (Yes. no. or unkown) (If yes give war or dates of service) permit. I removal, Hospital Records. Chestertown, Md. None No 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] DEATH WAS CAUSED BY: burial-transit cremation, or I Toxemia and circulatory fail ure IMMEDIATE CAUSE (a) 3rd degree burns of right side of thorax and of Conditions, if any, which right arm gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Advanced generalized arteriosclerotic cardiovascular disease 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. The ined CIONESPECTOM CHART LOCTUSE ON METITICATUS ON DURY IT SET LETTER IT SET READS STOVE. ould it, private CAUSE OF DEATH. mained confused & in poor conditions gradually developed signs of 20c. Time of Injury Month, Day, Year 100 Thiory document 20c Place of Marky Home, Tain, 201. (County) factory, street, office bidg., etc.) 5 Hours are: 1/11/66 While - Not While 2 factory, street, office bidg., etc.) **EXAMINER:** This 3 shoul agent, MEDICAL 5 Hourxxxx 1/11 Not While at work Church Hill Qu. Annes home CTOR: Page designated et work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection XX Inquiry should Undetermined manner Natural causes XX Accident XX Suicide Homicide death resulted from: the ch director. Page 4 s retained for your fi 0 FUNERAL DIRECTO of Health or it CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATUR M.D. EXAMINER'S Robert W. Farr Address (Street, city, town, or county) Chestertown. NAME (Type) BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Goldshoro Burial 24/2 FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRA

VR A15ME 3500 4-64

Quaen Annes

Devs

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE ON A FARM?

1966

USA

INTERVAL BETWEEN ONSET AND DEATH

119. WAS AUTOPSY PERFORMED?

Md.

and in my opinion

22. DATE SIGNED

2/5/66

(State)

25 daye

NO ...

YES ...



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTYKent e. STATE Maryland b. COUNTY Kent MARYLANO y is necessary, to the funeral age 5 may be Department after death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b Worton (rural) (rural) Worton 10 years d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL DR INSTITUTION (If not in hospitel, give street address) ON A FARM? y delay is and 3 to t State hours NO X YES DATE Month NAME OF First Middle 1 ast 66 OF DEATH the DECEASEO Viola Taylor Feb. Mae 19 (Type or print) 2 with within AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIEO NEVER MARRIEO Gast birthday) Months | Days 5/22/1900 Hours | Colored Female WIDDWEO DIVDRCEO event 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done ! 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) Give during most of working life, even if retired)
House work INOUSTRY COUNTRY? hours after Delaware Item 18. ges 1 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Da in ON File Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. | 17. " in pencil in Examiner's Of (Yes, no, or unkown) (If yes give war or dates of service) Worton, 222 18 6946 Mervin Taylor. IY MEDICAL EXAMINER: This certificate should be executed within execute the certificate, writing the word "pending" in pencil is for your files. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Arteriosclerotic cardiovascular disease PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) burial-transit DUE TO She had been sick for some time, at least a month & had been very short of breath as well as having Conditions, If any, which pagesiderable swelling of both legs. She belonged to a to Immediate (a), stating the Sect who do notbelieve in medical care. Discussion 60 ed as burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) busband suggests the probability of congestive heart PERFORMEO?

She died 6.50 A.M.

20b. DESCRIBE HOW INJURY DCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) tailure. Sh 20a. EXTERNAL CAUSE WAS NO K us to be or PRIMARY or CONTRIBUTING CAUSE OF DEATH. 면 3 shou (State) MEDICAL 20d, INJURY DCCURREO | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Oay, Year fectory, street, officebidg., etc.) Hour a.m. Not While at work While at work CTOR: Page designated and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry DIRECTOR: Undetermined manner Suicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE or 2/25/66 FUNERAL I OEPUTY MEDICAL EXAMINER T please ex director. retained EXAMINER'S NAME (Type) Robert Farr Address (Street, city, town, or county) (State) 23d. 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 1 23b. OATE THEREDE REMOVAL (Specify) 0

REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

Clianten

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FUNERAL DIRECTOR

24.

(Intuity addition the new of (Interior) the Den't Totall gill slotV Thorno Lot n Famou . . . reg agreeout Married Laylor, Surpon, Mr. determinacionata entalevanolica disense sev. Joses She and been shed for your time, at least, a such polyme as line to present to transcribe need and a considerable swelling a Flori tors, bly belonged so a book who do methodiere in cadion, during the starton - Amount was no more Targett's lade on the Magnines, broading the Williams which with a saddle

UZGO1 CERTIFICA	IE UF DEATH	02388
1. PLACE OF DEATR a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution	
Kent County, Maryland MARYLAND	*Maryland b. Chent	County
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		URAL and give nearest town
Chestertown.Maryland 9 Days	R.F.D.#1 Millington, M	laryland
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addres	ss) d. STREET ADDRESS /4	e. IS RESIDENC
Kent & Queen Anne's Hospital	1/2	YES ND
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Oay Year
(Type or print) Emma.	Wilson DEATH 2	14 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	I and filebolant Time	IDER 1 YEAR IF UNDER 24 HR
Female Colored WIDOWED DIVORCED	8/3/1891 14 yrs. """	
10a. USUAL DCCUPATION (Give kind of work done during most of working lifa, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
Labor Various	Kent County, Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Wilson	Janie Frisby	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	7. INFORMANT Address	R.F.D.#1
(1) 10, or unkown) (If yes give war or dates of service) 218-20-3690 1	Miss.Olivia Wilson Will.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ngton, Md.
PART I. DEATH WAS GAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a)	wine _	4 day
T T O O DUE TO O	3 10 -1-0 -3	Sel
gava rise to Immediate (b)	in duminous	67
cause (a), stating the DUE TO Man D	La Loselinter Cardin rosela	At a wish
underlying cause last.		G-Standard
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE Tay b	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTDPSY PERFORMED?
1 Mayor listed furthat	-Gr	YES ND
20a. AUGIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OF	COURRED. (Enter nature of Injury in Part I or Part II of Iten	n 18.)
		(County) (State)
Hour a.m. While Not While p.m. 19 at work at work	ctory, street, office bldg., etc.)	
21. I certify that (!) (this hospital) attended the deceased from	2/6 , 19 (or to 2 - 14, 1	Of a that (I) fuel la
	hat death occurred a	
228. SIGNATURE		DATE SIGNED
(X)L1 2/1-11	ATTENDING - MED STAFF - 3	,-15-6c
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 1	. ,
NAME (Type) Robert W. Farr M.D.	Chestertown, Maryland	l
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETE	ERY OR CREMATORY 23d. LOCATION (City, town or	
D. REMOVAL (Specify) 0 / 10 / 10 / C Dol 0	1	vator, md
24. FUNERAL DIRECTOR ADDRESS	1 25a, REC'D BY REGISTRAR 25b. REGIST	

Chestertown, Md.

DEEB

1966

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and the second of the second o and the second second record to the second record record record to the second record r A ST TOTAL T The interpretation of the property of the prop #*. · Total a garafest III . There a control 0/19/1866 Abusy CENETRRY (NEWS) 11:11/18 For med and the called themselves and